

# MONITORING

## For HCBS Case Managers

Presented by: Leila Norden



**COLORADO**

Department of Health Care  
Policy & Financing

This training supersedes the  
previous Monitoring training  
provided in August 2018



# BEST PRACTICES

## Why Monitoring is so important

# MONITORING CAN IDENTIFY:

- Changes in:
  - Situation
  - Medical Condition
  - Personal Goals
  - Support Needed
- Need for:
  - Revision to the Support Plan (SP)
  - New Level Of Care (LOC) Assessment
  - Mandatory report

# MONITORING CAN:

- Strengthen the relationship between the case manager and member enrolled in HCBS
- Improve outcomes for the member
- Help with discussions regarding identifying personal goals

# PLEASE ANSWER YES/NO

Thinking back on your experience as a case manager can you recall a time when, as a result of monitoring, you identified an action that would benefit someone on your caseload?

YES



NO

# PLEASE SELECT ONE

Thinking back on your case management experience generally how many times, as a result of monitoring, have you identified an action that benefited someone on your caseload?

0-10

11-20

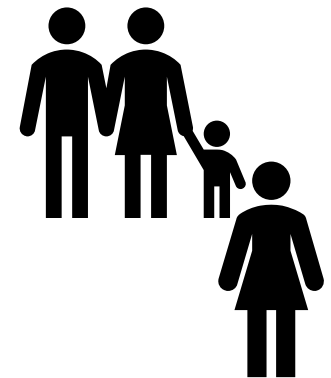
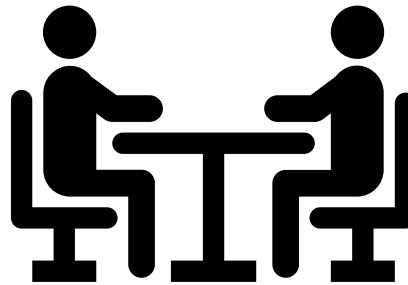
21-30

31-40

41-50

51+

# MONITORING IS...





# SEP AND CCB MONITORING

- At a minimum, conducted quarterly
- Directly with the member
- Health and safety of member
- Quality of service and support
- Service utilization

# LOG NOTE TIPS

Should clearly indicate:

- Direct contact with member/guardian
- Details relevant to the member
- Case Management requirements met
- Waiver requirements met
- Follow-up activity, if appropriate
- Instructions from technical guides are followed

# **SINGLE ENTRY POINT (SEP) CASE MANAGEMENT**

# SINGLE ENTRY POINT CASE MANAGEMENT REGULATIONS



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# SEP CASE MANAGEMENT

- Coordination and monitoring of long-term service delivery
- Evaluation of service effectiveness
- Periodic reassessment of individuals' needs

10 CCR 2505-10 8.390.1.C

# CASE MANAGER FUNCTIONS

- On-going case management
- Monitoring of individuals' health and welfare
- Documentation of contacts and case management activities

10 CCR 2505-10 8.393.1.M

# CASE MANAGER FUNCTIONS

- Contact members at least once each quarterly period
- Conduct an in-person monitoring contact at least one time during the support plan year:
  - Cannot be performed at the same time as the annual Level of Care (LOC) assessment
  - Ensure required monitoring is conducted in person with the member, in the member's place of residence
- Review Department prescribed assessment and SP with the member every six months

NOTE: More frequent contacts may be warranted by member's condition/rules of the program

10 CCR 2505-10 8.393.1.M



# CASE MANAGER FUNCTIONS

Case managers monitor delivery of services/supports identified within SP/Prior Authorization Request (PAR) including:

- Quality of services and supports provided
- Health and safety of the individual
- Utilization of services

10 CCR 2505-10 8.393.1.M



# ON-GOING CASE MANAGEMENT

Case managers shall:

- Ensure individuals obtain authorized services in SP
- Monitor quality of services and supports in LTSS Programs

Monitoring performed when necessary to address health and safety and services in the care plan

- Includes activities to ensure:
  - Services are furnished in accordance with the SP
  - Services in the SP are adequate
  - SP adjustments and service arrangements made, if the needs of the member have changed

10 CCR 2505-10 8.393.2.G.1.d



# ON-GOING CASE MANAGEMENT

Monitoring includes:

- In-person contact and observation
- With the member
- In their place of residence
- At least once per certification period

Additional in-person monitoring performed when required by the member's condition or circumstance

Upon Department approval, observation may be completed using virtual technology methods or delayed:

- When in-person observation would pose a documented safety risk to the case manager or member

10 CCR 2505-10 8.393.2.G.1.d



# INFORMATION MANAGEMENT

SEPs are responsible, in a format specified by the Department, for the collection and reporting of the monitoring of health and welfare and of services

10 CCR 2505-10 8.393.1.E

# SEP CONTRACT 20-21



Contractor shall:

- Conduct monitoring for each Member enrolled in an HCBS waiver in accordance with 10 CCR 2505-10, Section 8.393.2.G and pursuant to the specific waiver requirements
- At the frequency and in the method identified in the HCBS waiver and Department regulations for which the Member is enrolled

At minimum, monitoring includes, but is not limited to a review of the following:

- Support Plan
- Member's satisfaction with services
- Services received ensuring provision in accordance with Support Plan/Prior Authorization
- Service utilization to ensure at least one waiver service received every thirty calendar days and to detect overutilization or underutilization of authorized services
- Health and safety concerns
- Any critical incidents

- The Contractor shall contact providers, as necessary, but no less than every six (6) months and:
  - Refer to other agencies or services as needed
  - Contact and collaborate with the Regional Accountable Entity (RAE) when the Monitoring indicates Member's needs for physical and/or behavioral health care
  - Obtain collateral information as needed

**NOTE:** Monitoring may lead to the need to revise the SP and Prior Authorization

The Contractor shall:

- Conduct In-Person Monitoring at least one time during the Support Plan year
- Ensure one required monitoring is conducted in-person with the Member, in the Member's place of residence

NOTE: Department reimburses the Contractor for up to one additional In-Person Monitoring during the Support Plan year



## Additional In-Person Monitoring:

- Determined by the Member's needs or be at the direction of the Member or the Department
- Is not limited to, but may occur:
  - Upon transfer from one SEP to another SEP
  - Following a Critical Incident
  - Change in residential setting or following discharge from hospital or nursing facility that did not require a Functional Eligibility Assessment
- Conducted as needed by the Member and in a method as needed or requested by the Member

- All In-Person Monitoring activities shall be documented in the Department's prescribed system
- SEP shall maintain detailed documentation
- The Department will review internal data reports to verify the number of In-Person Monitoring activities for payment purposes

**NOTE:** 100% In-Person Monitoring activities shall occur at frequency specified in HCBS waiver for which the Member is enrolled and be documented in the Department's prescribed system within the required timeframe

# OPERATIONAL MEMO 20-096

Details requirements/considerations for second In-Person Monitoring contact during certification period

SEP contract identifies some circumstances that may justify an additional In-Person Monitoring

Log note documentation should clearly outline:

- Circumstance requiring the monitoring
- Steps beyond routine monitoring the case manager has taken to assure the health and safety of the member
- Detailed follow-up needed as outcome of the monitoring

<https://www.colorado.gov/hcpf/2020-memo-series-communications>

# WAIVER REGULATIONS

HCBS-EBD:	10 CCR 2505-10 8.486
HCBS-CLLI:	10 CCR 2505-10 8.504
HCBS-CMHS:	10 CCR 2505-10 8.509
HCBS-BI:	10 CCR 2505-10 8.515.00
HCBS-SCI:	10 CCR 2505-10 8.517



# HCBS-EBD

SEP agencies shall comply with rules at 10 CCR 2505-10 section 8.390, et. seq., governing case management functions, and shall comply with all HCBS-specific requirements in the rest of this section on HCBS-EBD case management functions

10 CCR 2505-10 8.486

# HCBS-CLLI

Case Management ... coordination and monitoring of long-term service delivery, evaluation of service effectiveness and periodic reassessment of individual's needs

10 CCR 2505-10 8.504.1

# HCBS-CMHS

Monitoring for members enrolled in HCBS-CMHS in accordance with Section 8.393.2

In addition, case managers:

- Contact each member quarterly, or more frequently, as determined by the member's assessed needs
  - Contact may be at member's place of residence, by telephone, or other appropriate setting as determined by the member's needs
- Review LOC assessment and Service Plan with member face-to-face every six months

10 CCR 2505-10 8.509.32

# HCBS-CMHS

- Referral for mental health services and coordination for those receiving services from Behavioral Health Organizations (BHO)
- Confirm with member services are provided as in plan and satisfaction with services
- Review with service providers delivery, coordination, effectiveness, and appropriateness of services
- Informal assessment of changes in member functioning and service effectiveness, appropriateness, and cost-effectiveness

10 CCR 2505-10 8.509.32



# HCBS-BI

The requirements at Section 8.393 apply to the Case Management Agencies performing the case management functions of the HCBS-BI program

10 CCR 2505-10 8.515.9

# HCBS-SCI

The requirements at Section 8.486 apply to the Case Management Agencies performing the case management functions of HCBS-SCI

10 CCR 2505-10 8.517.8

# PARTICIPANT DIRECTED SERVICES



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# CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)

- Contact member/Authorized Representative (AR) once a month for first three months
- Contact member/AR quarterly, after the first three months
- Contact member/AR when change in AR occurs and once a month for three months after change
- Review monthly Financial Management Services (FMS) reports to monitor member spending patterns and service utilization

10 CCR 2505-10 8.510.16.I



# IN-HOME SUPPORT SERVICES (IHSS)

- Contact member or AR once a month for first three months
- Contact member or AR quarterly, after first three months
- Contact member or AR when change in AR occurs and once a month for three months after change

10 CCR 2505-10 8.552.7.H

# IN-HOME SUPPORT SERVICES (IHSS)

- Contact IHSS Agency semi-annually to review Care Plan, services, and supervision provided by Agency
- Document and keep record of:
  - IHSS Care Plans
  - In-home supervision needs as recommended by physician
  - Independent Living Core Services offered/provided by IHSS Agency
  - Additional supports provided by the IHSS Agency

10 CCR 2505-10 8.552.7.H



# SINGLE ENTRY POINT RATES TECHNICAL GUIDE

<https://www.colorado.gov/hcpf/long-term-services-and-supports-case-management-tools>




# IN-PERSON MONITORING

- Payment made for completion of In - Person Monitoring at least one time and no more than two times during Support Plan year
- Must adhere to all requirements indicated in SEP contract
- Not eligible for reimbursement if completed in conjunction with a reimbursable assessment activity
- Document all In-Person Monitoring activities in the BUS / Department prescribed system and maintain detailed documentation as specified to be eligible for reimbursement



# IN-PERSON MONITORING

1. “Did this contact take place Face to Face?” must be checked “yes”

Main Menu	Log Notes - New	
Advisement Letter	Date of Contact	04/15/2020
Assessment - 100.2	Time of Contact	11:03:03 AM
Client Information	Person Contacted	
Transition Assessment & Planning	Billable Log Note Units	0 Units
Risk Mitigation Plan	Non-Billable Log Note Units	0 Units
Assessment - HCA	Type of Contact	
Case Management	Current Program	
Case Status	Is this log note a Targeted Case Management Note?	
Critical Incident Reports	Did this contact take place Face to Face?	<input checked="" type="radio"/> Yes <input type="radio"/> No
IADL	Confidential?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Log Notes	Does this log note refer to a New Critical Incident?	<input type="radio"/> Yes <input type="radio"/> No
	Does this log note refer to an Existing Critical Incident?	<input type="radio"/> Yes <input type="radio"/> No
	If New/Existing Critical Incident is YES, Enter CIRS Number:	
	 A log note should only be marked confidential if it contains sensitive information that should not be viewed by any other agency.	

<https://www.colorado.gov/pacific/sites/default/files/Single%20Entry%20Point%20Rates%20Technical%20Guide-June%202020.pdf>

# IN-PERSON MONITORING

2. “Type of Contact” must be labeled as one of the following contact types

**Main Menu**

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incident Reports
- IADL
- Log Notes
  - Add
  - Edit
  - Delete
  - Print One
  - View/Print Range
  - Log Note Search
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration
- Logout

**Log Notes - New**

Date of Contact: 04/15/2020  
Time of Contact: 11:16:30 AM  
Person Contacted: [Dropdown]  
Billable Log Note Units: 0 Units  
Non-Billable Log Note Units: 0 Units  
**Type of Contact**: [Dropdown]  
Current Program: [Dropdown]  
Is this log note a Targeted Case Management Note? [Dropdown]  
Did this contact take place Face to Face? [Dropdown]  
Confidential? [Dropdown]  
Does this log note refer to a New Critical Incident? [Dropdown]  
Does this log note refer to an Existing Critical Incident? [Dropdown]  
If New/Existing Critical Incident is YES, Enter CIRS Number: [Text]  
 A log note should only be marked confidential if it could not be viewed by any other agency.  
Narrative: [Text Area]  
[Save] [Clear]

**Type of Contact** dropdown options:

- FAX
- Financial Eligibility
- Home Visit
- Hospitalization
- ICM
- IMT Communication
- Intra-Office Communication
- Monitoring Contact-Scheduled
- Monitoring Contact-Unscheduled
- Nursing Facility Placement
- PAR Denial
- Program notes
- Psychiatric Review
- Quarterly
- Referral - Worker Assigned
- Rights Modification
- Service Plan Development
- Summary Report - 6 Month Review
- Summary Report - CDAS Reassessment
- Summary Report - Closure
- Summary Report - CSR
- Summary Report - Initial
- Summary Report - Monthly Contact
- Summary Report - Quarterly Contact
- Summary Report - Transfer
- Supervisory PAR Review
- Telephone
- Transition Coordination
- Travel
- Veterans Representative

<https://www.colorado.gov/pacific/sites/default/files/Single%20Entry%20Point%20Rates%20Technical%20Guide-June%202020.pdf>

# KNOWLEDGE - CHECK



# PLEASE SELECT ONE

At what frequency are case managers at SEPs to contact people on their caseload?

☐

Once per year

☐

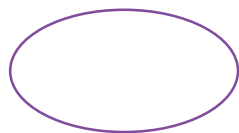
Bi-annually

☐

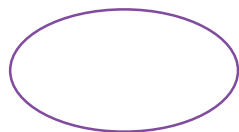
Quarterly

# PLEASE SELECT ONE

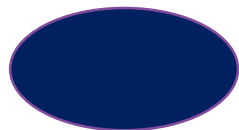
At what frequency are case managers at SEPs to contact people on their caseload?



Once per year



Bi-annually



Quarterly

# PLEASE SELECT ONE

How often shall SEP case managers have face-to-face contact with people on their caseload?

☐

At least one time per SP year

☐

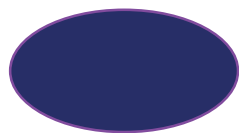
At least every six months

☐

At least monthly

# PLEASE SELECT ONE

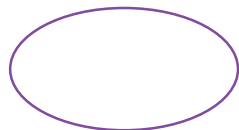
How often shall SEP case managers to have face-to-face contact with people on their caseload?



At least one time per SP year



At least every six months



At least monthly

# PLEASE SELECT ALL THAT APPLY

What do case managers at SEPs monitor?

☐

Quality of services and supports provided

☐

Health and safety of the individual

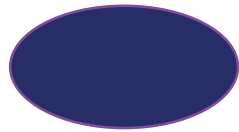
☐

Utilization of services in Support Plan/PAR

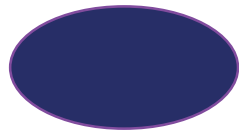


# PLEASE SELECT ALL THAT APPLY

What do case managers at SEPs monitor?



Quality of services and supports provided



Health and safety of the individual



Utilization of services in Service Plan/PAR

# COMMUNITY CENTERED BOARD (CCB) CASE MANAGEMENT



# COMMUNITY CENTERED BOARD CASE MANAGEMENT REGULATIONS



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# CCB MONITORING REQUIREMENTS

Support Plan reviewed periodically to determine:

- Results achieved
- Member's needs are accurately reflected
- Services and supports appropriate to meet Member's needs
- Actions necessary for the plan to be achieved

10 CCR 2505-10 8.607.3.B.4

# CASE MANAGEMENT SERVICES

CCBs responsible to monitor services and supports

Frequency and level of monitoring shall meet guidelines of program in which individual is enrolled

At minimum, monitoring shall include:

- Delivery and quality of services and supports
- Health, safety and welfare of individual
- Satisfaction with services and choice in providers
- Promotion of self-determination, self-representation, and self-advocacy

10 CCR 2505-10 8.607.6

# CASE MANAGEMENT SERVICES

Review of overall services and supports to determine:

- General satisfaction with services and supports
- Provider's practices regarding health, safety, and welfare of individual
- Fiscal compliance related to implementation of Support Plan
- Nature and frequency of complaints regarding service provider

10 CCR 2505-10 8.607.6



# TARGETED CASE MANAGEMENT (TCM)

Targeted Case Management consists of four components, one of which is:

- Monitoring and follow-up activities that are necessary to ensure Support Plan is implemented and adequately addresses individual's needs

Monitoring and follow up actions are performed to address health, safety, and services in Support Plan

10 CCR 2505-10 8.761

# TARGETED CASE MANAGEMENT (TCM)

Monitoring activities ensure:

- Services provided in accordance with service plan
- Services are adequate
- Necessary adjustments made if individual's needs change

Completed face to face; with the individual; in a place where services are delivered; at least once per quarter for:

- HCBS-DD
- HCBS-SLS
- HCBS-CES
- HCBS-CHRP

10 CCR 2505-10 8.761



# WAIVER REGULATION

HCBS-DD:	10 CCR 2505-10 8.500
HCBS-SLS:	10 CCR 2505-10 8.500.90
HCBS-CES:	10 CCR 2505-10 8.503
HCBS-CHRP	10 CCR 2505-10 8.508

# HCBS-DD; HCBS-SLS; HCBS-CES

HCBS-DD, HCBS-SLS, and HCBS-CES providers shall comply with:

Requests by the case management agency to monitor service delivery through targeted case management activities

10 CCR 2505-10 8.500.9.A.8  
10 CCR 2505-10 8.500.98.B  
10 CCR 2505-10 8.503.90.B

# HCBS-CHRP

Case management provided as TCM pursuant to sections 8.761.14 and 8.519:

- Monitoring and follow-up actions performed to address health and safety and ensuring that SP is implemented and adequately addresses Member's needs

Face-to-face monitoring completed at least once per quarter and includes direct contact with Member in a place where services are delivered

10 CCR 2505-10 8.508.70

# COMMUNITY CENTERED BOARD DATA ENTRY AND RATES TECHNICAL GUIDE

<https://www.colorado.gov/hcpf/long-term-services-and-supports-case-management-tools>



# QUARTERLY MONITORING

CCBs are reimbursed per In-Person Monitoring visit, not to exceed four visits per year, for required Face to Face Case Management Quarterly Monitoring

Quarterly In-Person Monitoring shall be documented in the BUS and CCBs shall maintain detailed documentation to be eligible for reimbursement

If not documented as required, In-Person Monitoring activity will not be recognized by the Department as eligible for reimbursement and may be subject to overpayment recovery

# QUARTERLY MONITORING

1. “Did this contact take place Face to Face?” must be checked “yes”

**Main Menu**

**Log Notes - New**

Date of Contact: 04/15/2020

Time of Contact: 11:03:03 AM

Person Contacted: [dropdown]

Billable Log Note Units: 0 Units

Non-Billable Log Note Units: 0 Units

Type of Contact: [dropdown]

Current Program: [dropdown]

Is this log note a Targeted Case Management Note?  
☐ Yes ☐ No

**Did this contact take place Face to Face?**  
☒ Yes ☐ No

Confidential?  
☐ Yes ☒ No

Does this log note refer to a New Critical Incident?  
☐ Yes ☐ No

Does this log note refer to an Existing Critical Incident?  
☐ Yes ☐ No

If New/Existing Critical Incident is YES, Enter CIRS Number: [text field]

A log note should only be marked confidential if it contains sensitive information that should not be viewed by any other agency.

Narrative: [text area]

Save Clear

<https://www.colorado.gov/pacific/sites/default/files/Community%20Centered%20Board%20Data%20Entry%20and%20Rates%20Technical%20Guide-June%202020.pdf>

# QUARTERLY MONITORING

2. “Type of Contact” must be labeled as “Summary Report-Quarterly Contact”

**Main Menu**

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incident Reports
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  - Print One
  - View/Print Range
  - Log Note Search
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration
- Logout

**Log Notes - New**

Date of Contact: 04/15/2020

Time of Contact: 11:16:30 AM

Person Contacted: [Dropdown]

Billable Log Note Units: 0 Units

Non-Billable Log Note Units: 0 Units

**Type of Contact**

- FAX
- Financial Eligibility
- Home Visit
- Hospitalization
- ICM
- IMT Communication
- Intra-Office Communication
- Monitoring Contact-Scheduled
- Monitoring Contact-Unscheduled
- Nursing Facility Placement
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- Summary Report - CDAS Reassessment
- Summary Report - Closure
- Summary Report - CSR
- Summary Report - Initial
- Summary Report - Monthly Contact
- Summary Report - Quarterly Contact**
- Summary Report - Transfer
- Supervisory PAR Review
- Telephone
- Transition Coordination
- Travel
- Veterans Representative

Is this log note a Targeted Case Management Note?

Did this contact take place Face to Face?

Confidential?

Does this log note refer to a New Critical Incident?

Does this log note refer to an Existing Critical Incident?

If New/Existing Critical Incident is YES, Enter CIRS Number:

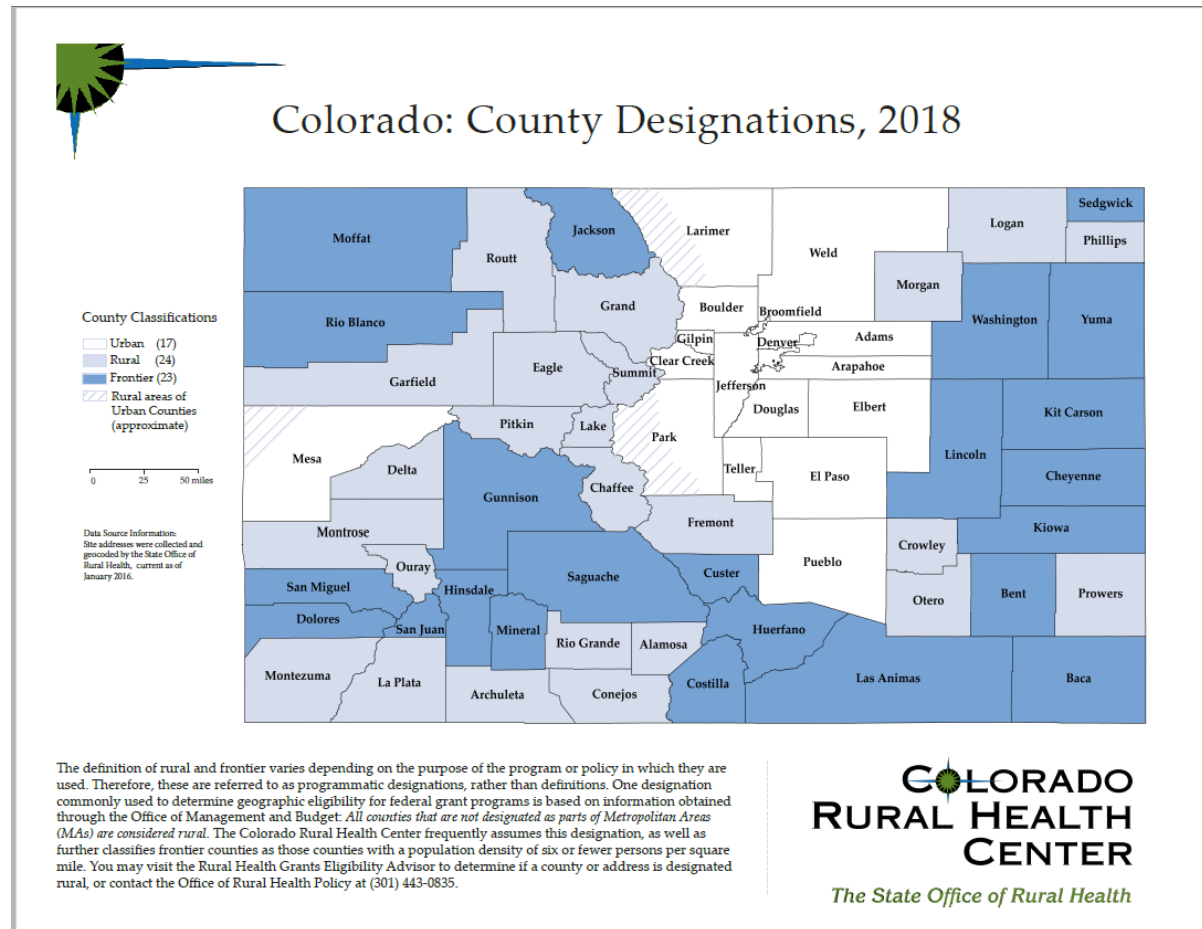
A log note should only be marked confidential if it could not be viewed by any other agency.

Narrative:

Save Clear

<https://www.colorado.gov/pacific/sites/default/files/Community%20Centered%20Board%20Data%20Entry%20and%20Rates%20Technical%20Guide-June%202020.pdf>

CCBs serving individuals residing in a Rural/Frontier catchment area, as determined by the Colorado Rural Health Center, may also bill, “Monitoring Visit, rural add-on”



<http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf>



# KNOWLEDGE - CHECK



# PLEASE SELECT ONE

How often must CCB case managers conduct face-to-face monitoring for people on their caseload?

☐

Once per year

☐

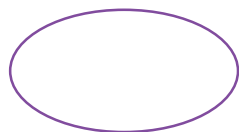
Bi-annually

☐

Quarterly

# PLEASE SELECT ONE

How often must CCB case managers conduct face-to-face monitoring for people on their caseload?



Once per year



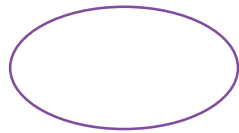
Bi-annually



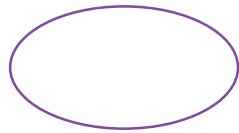
Quarterly

# PLEASE SELECT ONE

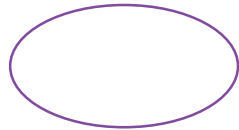
Where shall case managers at CCBs conduct face-to-face monitoring activities?



At the Member's home



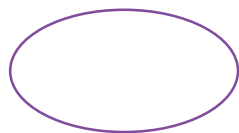
Where the Member prefers to meet



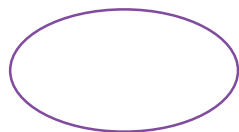
Where services are delivered

# PLEASE SELECT ONE

Where shall case managers at CCBs conduct face-to-face monitoring activities?



At the Member's home



Where the Member prefers to meet



Where services are delivered

# PLEASE SELECT ALL THAT APPLY

At minimum, CCB case management monitoring shall include which of these?

- ☐ Delivery and quality of services and supports
- ☐ Promotion of self-determination, self-representation, and self-advocacy
- ☐ Health, safety and welfare of individual
- ☐ Satisfaction with services and choice in providers

# PLEASE SELECT ALL THAT APPLY

At minimum, CCB case management monitoring shall include which of these?

☐ Delivery and quality of services and supports

☐ Promotion of self-determination, self-representation, and self-advocacy

☐ Health, safety and welfare of individual

☐ Satisfaction with services and choice in providers

# REVIEW





# SUMMARY

- Monitoring activities are intentional and meaningful direct connections with people enrolled in HCBS
- Address satisfaction with services, health and safety, service utilization, and actions needed
- Monitoring requirements are found in case management and waiver requirements in regulation
- Contracts specify requirements for monitoring activities and documentation



# Questions?

# CONTACT INFORMATION

**Victor Robertson**

Case Management Unit Supervisor

[Victor.Robertson@state.co.us](mailto:Victor.Robertson@state.co.us)



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Department of Health Care  
Policy & Financing

# THANK YOU!

